

SUBSTANCE USE DISORDER IN PREGNANCY: IMPROVING OUTCOMES FOR FAMILIES

THE WHITE HOUSE
EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY





Over the last year, the Biden-Harris Administration engaged in a whole-of-government process focused on implementing the Administration’s Statement of Drug Policy Priorities for Year One to “explore, identify barriers, and establish policy to help pregnant women¹ with substance use disorder (SUD) obtain prenatal care and addiction treatment without fear of child removal.” This work was conducted as part of Administration’s broader strategy to improve [maternal health](#). As part of this process, individuals with lived experience, medical professionals, early childhood experts, public health organizations, and Tribal organizations shared their stories, perspectives, and expertise in a series of listening sessions. Informed by these voices, this report highlights the challenges American families face today and outlines actions that the Administration will take to improve treatment access for pregnant women with SUD, prevent unnecessary foster care placement when appropriate, ensure connections to early childhood programs, and counter stigma.

Listening Session Highlight

After developing a substance use disorder, Kimberly Mays lost hope when she lost her children to foster care. As she fell deeper into depression, she used drugs to “numb the pain” of “unresolved past-trauma.” After losing custody of all her children, she progressed deeper into addiction. Looking back, she now realizes she refused to live a good life while her children were suffering apart from her. After years of multiple arrests and incarcerations, Kimberly was in jail (for the last time) when she met a birth-to-three caseworker, who was also a mental health therapist. This community provider talked to her instead of down to her. She met Kimberly where she was, connected her to treatment, and provided “hands-on” support and guidance. Now in long-term recovery, she herself helped create and supervise a statewide peer mentor program for other parents navigating child welfare and recovery. She is currently a contracted defense social services worker, with the Washington State Office of Public Defense, serving families involved in open child welfare/dependency cases. She also recently became a licensed foster parent in her community.

Statement of the Problem

Our nation recently passed a grim milestone – more than 100,000 Americans dead from a drug overdose in the last year, most involving an opioid.¹ The spike in overdose deaths disproportionately occurred among Black and American Indian/Alaska Native persons – increasing 44% and 39% respectively between 2019 and 2020.² Among the lives lost are pregnant and postpartum women. In states like Ohio³ and Tennessee,⁴ overdose is the leading cause of pregnancy-related death in the year following delivery of a baby. These deaths are

¹This action plan is inclusive of every person giving birth, irrespective of orientation, identity, or demographic background.



preventable with treatment, especially when treatment is inclusive of medications for opioid use disorder (OUD), like buprenorphine and methadone. Medications for OUD reduce risk of relapse and death for pregnant and postpartum women,^{5,6,7} and improve pregnancy outcomes – making it more likely that babies will be born at term, rather than prematurely.⁶ Still, pregnant and postpartum women with SUD face substantial systemic and cultural barriers in accessing this care.⁸

In a recent randomized field experiment, individuals posing as pregnant women with SUD were 17% less likely to be accepted for OUD treatment appointments by outpatient buprenorphine providers compared to identical non-pregnant women.⁹ Access to treatment is even more challenging for pregnant women with SUD of certain races and geographies. For example, studies suggest that individual characteristics, such as being a person of color, living in a rural community, and not speaking English are independently associated with a lower likelihood of receiving medications for OUD in pregnancy.^{10,11}

While the opioid crisis has garnered substantial attention, non-opioid substance use in pregnancy remains a significant public health challenge. A recently published study from the Centers for Disease Control and Prevention found that 13.5% of US pregnant women used alcohol in the last 30 days.¹² Use of alcohol in pregnancy can be especially dangerous, increasing risk of fetal alcohol spectrum disorders and birth defects.¹³ Public health approaches to substance use in pregnancy must address all substances, including those that are legal.

While pregnant women with SUD struggle to find treatment, their children are being increasingly placed in foster care. Today, infants are the fastest growing age group in foster care,¹⁴ accounting for more than 20% of placements each year – most associated with parental substance use.¹⁵ Further compounding the problem, there are substantial inequalities that persist in the U.S. child welfare system. Data indicate that Black pregnant women are more likely to be referred to child welfare systems compared to White pregnant women,¹⁶ Black children are over represented in the US child welfare system,¹⁷ and Black parents whose infants were placed in foster care are less likely than White parents to be reunified with their children.¹⁸ Further, American Indian/Alaska Native children are overrepresented in foster care at a rate that is nearly 3 times greater than the general population.¹⁹ Given that more than half of infant foster care placements are associated with parental substance use,¹⁵ there are often missed opportunities to prevent unnecessary foster care placements through connecting pregnant and postpartum women to treatment and other resources.

State Example - Nevada

Nevada has worked to leverage resources for pregnant women with SUD by braiding the Maternal and Child Health Block Grant (Title V) and the Substance Abuse Prevention and Treatment Block Grant (SABG) funded programming to enhance funding and coordination of services ([Leveraging Federal Block Grants to Meet the Substance Use Disorder Needs of Women: The Nevada Experience - AMCHP](#)). Their efforts have centered on raising awareness and closing system gaps through their website “Sober Moms, Healthy Babies” ([Sober Moms, Healthy Babies | sobermomshealthybabies.org](#)) and a [Nevada 211 referral line](#). These sources provide resources for SUD treatment and direct people to SABG-funded treatment programs that prioritize pregnant women and are free for pregnant women with SUD. Nevada’s block grants also jointly fund a state-wide provider training program and agencies have committed to working collaboratively to expand access to medications for OUD.



At present, many pregnant women with SUD are reluctant to engage in SUD treatment for fear of mandatory referrals to child welfare, resulting in their child being removed from the home and placed in foster care. Once engaged in SUD treatment, pregnant women may find that needed services are fragmented and difficult to access. Addressing this crisis requires a holistic approach focused on the unique needs of the maternal-infant dyad, addressing social determinants of health, physical and mental health needs, and fostering collaboration across agencies and service providers at all levels (federal, state, local, Tribal).

Biden-Harris Administration Plan

The Administration’s vision is that all pregnant women with SUD will be identified early in pregnancy and prioritized to receive evidence-based treatment, services, and other recovery and social supports. Health care delivery will be well coordinated to optimize outcomes for families and prevent foster care placement where possible. Clear coordination of health care and early childhood systems, including public health, early learning, courts, child welfare systems, and family economic supports will optimize the outcomes for infants and pregnant women with SUD.

We approached this work acknowledging five key values:

1. Having SUD in pregnancy is not, by itself, child abuse or neglect.
2. Criminalizing SUD in pregnancy is ineffective and harmful as it prevents pregnant women with SUD from seeking and receiving the help they need.^{20,21,22}
3. Everyone has the right to effective treatment, and denying such care on the basis of sex or disability is a violation of civil rights.²³
4. Pregnant women using substances or having SUD, should be encouraged to access support and care systems, and barriers to access should be addressed, mitigated, and eliminated where possible.
5. Improving coordination of public health, criminal justice systems, treatment and early childhood systems can optimize outcomes and reduce disparities.

Improve Access to Effective Treatment

To improve access to effective treatment for pregnant women with SUD, the Administration will:

1. Develop coordinated training and technical assistance to inform the use of medications for SUD treatment for grantee recipients of the Department of Justice’s Office of Juvenile Programs (OJP) Family Treatment Court Program and the Department of Health and Human Services’ (HHS) Substance Abuse and Mental Health Administration (SAMHSA) drug treatment court programs. To tailor technical assistance to the needs of grantees, listening sessions with key stakeholders will occur in Fall 2022 and Winter



2023, and updated technical assistance guidance will be released in Fiscal Year (FY) 2023 and FY2024. (**DOJ/OJP, HHS/SAMHSA**)

2. Offer SUD education to women's health primary care providers throughout the Veterans Health Administration (VHA). SUD treatment overview and training is scheduled for December 2022 and February 2023. Such education will improve the identification and diagnosis of OUD and support women's health providers by enhancing access to SUD treatment. In addition, the Department of Veterans Affairs' (VA) current stepped care, collaborative treatment model for SUD, including OUD, will be initiated to support women veterans with SUD at four pilot sites early in Fiscal Year 2023. Information and experiences learned through these pilots will help to form national guidance for SUD care among veteran women throughout the enterprise. It is expected that the 4 pilots will impact the care of 900 veteran women. (**VA/VHA**)
3. Enhance transparency by publicly reporting data on access to SUD treatment for pregnant and postpartum women nationwide using data obtained from Substance Abuse Prevention and Treatment Block Grant (SABG) related the number of waived buprenorphine prescribers who self-report as obstetricians and midwives. SAMHSA will release a data brief in winter 2022 describing services provided to pregnant and postpartum women through the state SABG and the number of waived buprenorphine prescribers who self-report as obstetricians and midwives. The data brief will also highlight the benefits of SUD treatment for pregnant and postpartum women with SUD, and serve as a call to action for healthcare professionals to treat this priority population. (**HHS/SAMHSA**)
4. Expand access to medications for OUD for pregnant women and women of reproductive age within Tribal nations and living in Tribal communities - particularly in urban areas - with increased awareness and utilization of the *Recommendations to the Indian Health Service on American Indian/Alaska Native Pregnant Women and Women of Childbearing Age with Opioid Use Disorder* through the following actions through the following actions in fall 2022 (**HHS/IHS**):
 - a. Expand the Indian Health Service (IHS) Opioid Prescribing Dashboard to include an additional nine measures including access to buprenorphine. These data will be used to target opioid interventions, enhance clinical decision support, and create professional practice evaluation strategies.
 - b. Require all IHS employees, contractors, students, and volunteers to complete the trauma-informed care training module created by IHS (<https://www.ihs.gov/mentalhealth/tic/>).
 - c. Promote screening for OUD and referral for medications for OUD by creating online training modules and encouraging IHS sites to implement the available Clinical Reporting System measures related to screening, brief negotiated interview, and referral to treatment for pregnant persons and women of child-bearing age.
5. Provide grants to foster partnerships between hospitals and community-based organizations to implement evidence-based interventions that strengthen perinatal and postnatal support structures for individuals with SUD through HHS's Office on Women's Health (OWH). This grant program will also support educating individuals with SUD on



maternal/child biological, emotional, and psychosocial milestones at each stage during pregnancy and over the 12 months following birth to reduce stress that could trigger a return to drug use or overdose. **(HHS/OWH)**

6. Hire a dedicated Associate Administrator for Women’s Services in HHS’s SAMHSA to lead its efforts focused on pregnancy and the postpartum period. The Associate Administrator will work across HHS to ensure that federal programs (e.g., Medicaid) that touch pregnant and postpartum women to incorporate mental health and SUD. **(HHS/SAMHSA)**
7. Develop model national certification standards for peer recovery support specialists as part of the implementation of the President’s National Drug Control Strategy and mental health strategy. Starting in late fall 2022, SAMHSA will convene stakeholders, launch development, and support implementation of model national standards for the peer workforce, which will accelerate universal adoption, recognition, payment, and integration of the peer mental health and SUD workforce across all elements of the health care system, including those focused on pregnancy. **(HHS/SAMHSA)**
8. Reduce the incidence and impact of neonatal abstinence syndrome (NAS), a drug withdrawal syndrome that occurs shortly after an infant is born, in rural communities by improving systems of care, family supports, and social determinants of health by providing approximately 40 community-based awards under the Health Resources and Services Administration (HRSA’s) Rural Communities Opioid Response program - totaling an investment of approximately \$20 million. **(HHS/HRSA)**
9. Improving maternal mental health and outcomes for pregnant, lactating, and postpartum women with SUD. The President’s FY2023 budget proposes \$55 million to address social determinants of health which may, in part, include efforts to improve maternal mental health and address SUD for pregnant, lactating, and postpartum individuals, including in areas with significant racial or ethnic disparities in maternal health outcomes. **(HHS/HRSA)**

Prevent Unnecessary Care Foster Placement, Support Families, and Keep Families Together

To work to prevent unnecessary foster care placement, and support both families and children, the Administration will:

1. Develop a joint communication from HHS operating divisions in 2023 on shared responsibility and roles across systems for supporting and responding to the needs of pregnant women and parents with SUD and their infants through Plans of Safe Care. Plans of Safe Care, a requirement of the Child Abuse Prevention Treatment Act as amended by the Comprehensive Addiction and Recovery Act (CARA; P.L. 114-198), are intended to promote the health and wellbeing of substance-affected infants and their caregivers. Recognizing that Plans of Safe Care should not be the sole responsibility of child welfare, this collective statement on the shared responsibility of hospitals, service



providers (e.g., home visitation), child care and early childhood education settings (e.g., Head Start and Early Head Start), child welfare, and other critical partners will feature different tools and strategies to support pregnant women and their infants, and keep families safely together. **(HHS/The Administration for Children and Families (ACF), SAMHSA, HRSA)**

2. Review implementation of evidence-based standards in the Family First Prevention Services Act (FFPSA; P.L. 115-123). In accordance with FFPSA, state and tribal title IV-E agencies may claim reimbursement for programs and services that have been rated and approved by the Title IV-E Clearinghouse²⁴ and are identified in the state or tribe's five-year title IV-E prevention program plan. As HHS considers potential updates and clarifications to the Prevention Services Clearinghouse *Handbook of Standards and Procedures* developed in accordance with FFPSA, the Agency solicited public feedback in the Federal Register (86 FR 37332). Responses to this Federal Register notice, and from consultations with federal partners and other experts will be used to revise and update the *Handbook of Standards and Procedures*. In FY2023 HHS expects to release a forthcoming Federal Register Notice, which will include a draft of the revised *Handbook of Standards and Procedures*. **(HHS/ACF)**
3. Identify opportunities to improve access to child care by reducing administrative barriers. HHS has launched a pilot initiative to make applying for child care assistance more family-friendly by providing a streamlined model application using plain language and improved design that states are encouraged to adopt. ACF is also compiling examples of how states have made their application process easier, such as reduced documentation burdens for homeless families, and sharing them with child care lead agencies to support replication of these best practices, to be released fall 2022. **(HHS/ACF)**
4. Develop a series of implementation briefs that highlight best practices and strategies to locate, identify, and evaluate infants and toddlers that are eligible for Early Intervention (EI) services, and specifically highlight strategies to improve enrollment among substance-

State Example – New Mexico

New Mexico has prioritized implementation of a non-punitive approach to address substance use in pregnancy. In 2019, New Mexico passed House Bill (HB) 0230 ([CARA \(sharenm.org\)](https://sharenm.org)) which revised the Children's Code to improve the state's implementation of Plans of Safe Care through increased coordination of the Maternal and Child Health Block Grant, child welfare, and Medicaid managed care organizations. HB 0230 clarifies that substance use in pregnancy, by itself, is not a reason for mandatory referral to child protective services. Diverse stakeholders take part in an ongoing task force that trains hospitals and providers, sets up access support services for families, shifts the focus from mandatory reporting to supportive care for pregnant women, and coordination of services for parents, families, infants, and care givers affected by substance use prior to birth.



exposed infants by December 2022. EI services are provided as Part C of the Individuals with Disabilities and Education Act (P.L. 94-142) for infants and toddlers ages birth through two with disabilities or at risk of having a disability or developmental delay. EI services can include speech therapy, occupational therapy, physical therapy, and developmental instruction which is based upon an infant's and family's needs. **(Education)**

5. Expand the [Infant-Toddler Court Program](#) to fund states to continue and expand research-based infant-toddler court teams to change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families, including those affected by perinatal substance use and related challenges. Thirteen million dollars in FY2022 discretionary funding was released to support 12 new awards to state-level teams to provide leadership, support, and coordination of local sites that serve families and to develop state-level partnerships across court, child welfare, public health, mental health and substance use, and affiliated systems. These funds also support a National Resource Center that leads and coordinates improvements nationwide to policy, practice, and evidence. **(HHS/HRSA)**
6. Expand and incentivize use of evidence-based foster care prevention services to keep families safely together and safely reduce the number of children in foster care through the President's FY2023 budget **(HHS/ACF)**, which has proposed:
 - a) \$100 million for a competitive grant program to address racial inequities in child welfare, reduce overrepresentation of children and families of minority heritage, and reorient systems towards a prevention-first model. The grants would require state, local, and tribal child welfare agencies to partner with other government and community stakeholders across the education, health, human services, and early childhood sectors to advance comprehensive policy and practice reforms. These reforms would focus on advancing racial equity and safely reducing the number of children entering foster care, particularly in

MOM Model

Maternal Opioid Misuse (MOM) Model. The MOM Model is a five-year patient-centered service delivery model that aims to improve the quality of care and reduce costs for pregnant and postpartum Medicaid beneficiaries with OUD and their infants. The CMS Innovation Center is supporting awardees in eight states (Colorado, Indiana, Maine, Maryland, New Hampshire, Tennessee, Texas, and West Virginia) to implement the model with one or more care delivery partners. The model launched in January 2020 and an evaluation of the pre-implementation period (January 2020-July 2021) was released in December 2021. A key takeaway from that report was the hope from model awardees and their partners to relieve both physical and psychosocial barriers to OUD treatment for pregnant and postpartum women, including by addressing barriers to treatment like transportation, childcare issues, and stigma. The next model interim evaluation report is anticipated for release during the first quarter of 2023.



- communities over-represented in the child welfare system.
- b) Nearly double flexible funding through the [Promoting Safe and Stable Families](#) (PSSF) program to \$645M, including expanding access to legal representation for children and families in the child welfare system. Among other things, PSSF is the main federal funding source for post-reunification family support services, which are very important for stabilizing families who are reunited following the adult's successful SUD treatment.
 - c) Provide an additional \$7 million in FY2023 discretionary funding for Regional Partnership Grants to address the intersection of SUD and child welfare, and triple mandatory funding for this program from \$20 million to \$60 million annually.
 - d) Double funding for the Court Improvement Program to \$60 million annually, to improve proceedings related to family preservation, adoption, and foster care; data to improve coordination between courts and child welfare; and training for judges, attorneys, and other legal persons involved in child welfare cases.

Make Better Use of Data Across Services Systems to Better Serve Children and Families

To improve system coordination and enable data-driven solutions, the Administration will:

1. Provide support to state, local, and Tribal jurisdictions to improve their ability to share and link data on families with substance use problems who are involved in, or at risk of involvement in, child welfare systems.
 - a. HHS's Office of the Assistant Secretary for Planning and Evaluation (ASPE) is currently engaged in two efforts focusing on enhancing state capacity to link data between public child welfare and Medicaid agencies to analyze challenges experienced by families at the nexus of the two systems: [Child and Caregiver Outcomes Using Linked Data](#), and [Program Integrity and Effectiveness through Data and Analytics](#). Project deliverables include developing research use datasets, creating roadmaps of lessons learned for the state, local, and Tribal partners, and generating toolkits with sample data use agreements, programming code for linkage, deduplication guidance, and quality control. Other efforts include convening an expert roundtable to identify barriers and learn about existing federal and state efforts to advance data linking work for the field. HHS will release research use datasets beginning in 2023 and will release all additional materials by 2025. (HHS/ASPE)
 - b. ACF is conducting two efforts to explore how existing and innovative administrative linkages at local, state, and federal levels can improve our understanding of child maltreatment incidence and related risk and protective factors: the [Child Maltreatment Incidence Data Linkages](#) project and the [State](#)



[Child Welfare Data Linkages Descriptive Study](#). To date, the Child Maltreatment Incidence Data Linkages project has produced reports and briefs on findings, promising practices, and lessons learned from a multi-case study examining the feasibility of enhancing existing data linkages. Information and findings from the State Child Welfare Data Linkages Descriptive Study will be available in FY2024. ACF is also carrying out the [Child Welfare Study to Enhance Equity with Data](#) project to better understand existing barriers and promising data practices that child welfare agencies and their partners engage in to advance equity in order to inform the development of a research agenda and design options for future studies. Findings from this study will be released in FY2024. (HHS/ACF)

- c. In 2023, HHS will release a resource with information for human services providers to navigate federal funding to support parents with SUD. State and local jurisdictions and providers have difficulty understanding the funding streams and requirements for health and human services programs related to SUD. Developing and implementing successful innovations require program staff to acquire a detailed understanding of what is and is not permissible within a given program area or funding stream. The resource will focus on four human services program areas that often serve parents: Temporary Assistance for Needy Families, Child Welfare, Domestic Violence, and Head Start. (HHS/ASPE)

Public-Private Partnerships

Improving outcomes for pregnant women with SUD and their infants will take a collaborative effort, including among hospitals, outpatient clinics, and local communities. State perinatal collaboratives have been exceptionally effective in improving outcomes for pregnant women and infants such as by reducing risk of bloodstream infections and early term deliveries. Currently the Centers for Disease Control and Prevention's Division of Reproductive Health funds 13 state perinatal quality collaboratives and funds the [National Institute for Children's Health Quality](#) (NICHQ) as the coordinating center for perinatal quality collaboratives. In FY2023, the number of CDC-funded perinatal quality collaboratives will expand to an anticipated 27 states. These perinatal collaboratives frequently include state leaders and maternal and infant health providers. The [Vermont Oxford Network](#) is a voluntary collaboration of more than 1,400 neonatal intensive care units around the world focused on improving care for newborns.

The Administration for Children and Families and the Substance Abuse and Mental Health Services Administration co-fund the [National Center on Substance Abuse and Child Welfare](#) (NCSACW). The NCSACW's charge is to develop knowledge and provide training and technical assistance for states, Tribes, and communities to improve outcomes for children and families affected by substance use and mental disorders. NCSACW works to improve outcomes for children and families at the intersection of child welfare, mental health and SUD treatment, court systems and community agencies.

1. In partnership with ONDCP, NCSACW will work with the NICHQ to disseminate resources and conduct joint webinars for members focused on empowering hospitals to create Family Care Plans/ Plans of Safe Care. This effort began with a [webinar](#)



“Harnessing the Power of Collaboration to Improve Outcomes for Families Affected by Substance Use Disorders in Pregnancy” in September 2022.

2. In partnership with ONDCP, NCSACW will work with the Vermont Oxford Network to create a freely available toolkit for neonatal intensive care units focused on improving outcomes for infants and their families affected by prenatal substance exposure by implementing Family Care Plans/ Plans of Safe Care to be released in winter 2023.



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References

1. *Drug Overdose Deaths in the U.S. Top 100,000 Annually.* (2021). Centers for Disease Control and Prevention. Retrieved August 24, 2022 from https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm
2. Kariisa, M., Davis, N. L., Kumar, S., Seth, P., Mattson, C. L., Chowdhury, F., & Jones, C. M. (2022). Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics - 25 States and the District of Columbia, 2019-2020. *MMWR Morb Mortal Wkly Rep*, 71(29), 940-947. <https://doi.org/10.15585/mmwr.mm7129e2>
3. Ohio Department of Health. A Report on Pregnancy-Associated Deaths in Ohio 2008-2016. Columbus, OH: Ohio Department of Health. 2019.
4. Tennessee Department of Health. 2021 Tennessee Maternal Mortality Annual Report. Nashville, TN: Tennessee Department of Health. 2021.
5. ACOG Committee Opinion No. 524: Opioid abuse, dependence, and addiction in pregnancy. *Obstet Gynecol.* 2012;119(5):1070-1076.
6. Fullerton CA, Kim M, Thomas CP, et al. Medication-assisted treatment with methadone: assessing the evidence. *Psychiatr Serv.* 2014;65(2):146-157
7. Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ (Clinical research ed).* Apr 26 2017;357:j1550.
8. The White House. (2022). *The White House Blueprint for Addressing the Maternal Health Crisis.* Retrieved from: <https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf>.
9. Patrick SW, Richards MR, Dupont WD, et al. Association of Pregnancy and Insurance Status With Treatment Access for Opioid Use Disorder. *JAMA network open.* Aug 3 2020;3(8):e2013456. doi:10.1001/jamanetworkopen.2020.13456
10. Henkhaus LE, Buntin MB, Henderson SC, Lai P, Patrick SW. Disparities in receipt of medications for opioid use disorder among pregnant women. *Subst Abuse.* Jul 16 2021;1-6. doi:10.1080/08897077.2021.1949664
11. Schiff DM, Nielsen T, Hoepfner BB, et al. Assessment of Racial and Ethnic Disparities in the Use of Medication to Treat Opioid Use Disorder Among Pregnant Women in Massachusetts. *JAMA network open.* May 1 2020;3(5):e205734. doi:10.1001/jamanetworkopen.2020.5734
12. Gosdin, L. K., Deputy, N. P., Kim, S. Y., Dang, E. P., & Denny, C. H. (2022). Alcohol Consumption and Binge Drinking During Pregnancy Among Adults Aged 18-49 Years - United States, 2018-2020. *MMWR Morb Mortal Wkly Rep*, 71(1), 10-13. <https://doi.org/10.15585/mmwr.mm7101a2>
13. *Fetal Alcohol Spectrum Disorders (FASDs): Basic Facts About FASDs.* (2022). The Centers for Disease Control and Prevention. Retrieved August 24 from <https://www.cdc.gov/ncbddd/fasd/facts.html>
14. Crouse, G., Ghertner, R., Madden, E., & Radel, L. (2021). *Foster Care Entry Rates Grew Faster for Infants than for Children of Other Ages, 2011-2018.* <https://aspe.hhs.gov/index.php/reports/foster-care-entry-rates-2011-2018>



15. Patrick SW, Frank RG, McNeer E, Stein BD. Improving the Child Welfare System to Respond to the Needs of Substance-Exposed Infants. *Hospital pediatrics*. Aug 2019;9(8):651-654.
16. Chasnoff IJ, Landress HJ, Barrett ME. The prevalence of illicit-drug or alcohol use during pregnancy and discrepancies in mandatory reporting in Pinellas County, Florida. *The New England journal of medicine*. Apr 26 1990;322(17):1202-6. doi:10.1056/nejm199004263221706
17. Child Welfare Information Gateway. (2021). Child welfare practice to address racial disproportionality and disparity. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/>
18. Sanmartin MX, Ali MM, Lynch S, Aktas A. Association Between State-Level Criminal Justice-Focused Prenatal Substance Use Policies in the US and Substance Use-Related Foster Care Admissions and Family Reunification. *JAMA pediatrics*. Aug 1 2020;174(8):782-788. doi:10.1001/jamapediatrics.2020.1027
19. *Disproportionality in Child Welfare*. (2017). National Indian Child Welfare Association. Retrieved August 24 from <https://www.nicwa.org/wp-content/uploads/2017/09/Disproportionality-Table.pdf>
20. Faherty, L. J., Kranz, A. M., Russell-Fritch, J., Patrick, S. W., Cantor, J., & Stein, B. D. (2019). Association of Punitive and Reporting State Policies Related to Substance Use in Pregnancy With Rates of Neonatal Abstinence Syndrome. *JAMA Netw Open*, 2(11), e1914078. <https://doi.org/10.1001/jamanetworkopen.2019.14078>
21. Waters, A., Ghertner, R., Meyers, K., and Baston, P. Challenges in Identifying and Supporting Human Services Participants with Substance Use Disorder. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. May 2022.
22. Patrick, S. W., & Schiff, D. M. (2017). A Public Health Response to Opioid Use in Pregnancy. *Pediatrics*, 139(3). <https://doi.org/10.1542/peds.2016-4070>
23. *Justice Department Issues Guidance on Protections for People with Opioid Use Disorder under the Americans with Disabilities Act*. (2022, April 5, 2022). <https://www.justice.gov/opa/pr/justice-department-issues-guidance-protections-people-opioid-use-disorder-under-americans>
24. *Title IV-E Prevention Services Clearinghouse*. (2022). Administration for Children and Families. Retrieved August 24 from <https://preventionservices.acf.hhs.gov/>



Appendix A: Resource List

EDUCATION AND TRAINING RESOURCE LIST

**The list of resources below represents a non-comprehensive list of free federal materials intended to educate and inform various stakeholders and professionals¹ working with pregnant women with substance use treatment and recovery needs.*

Department of Health and Human Services

Administration for Children and Families (ACF)

- Head Start Early Childhood Learning and Knowledge Center (ECLKC)
 - [Understanding Addiction and Substance Use Stigma: What You Can Do to Help](#)
 - [Supporting Caregivers Affected by Substance Use Disorders](#)
 - [Substance Use Disorders: Head Start Success Stories](#) (See Gina’s story for experience with incarceration)
 - [Intervening Early: Substance Use Disorders During Pregnancy](#)
 - Resources for Families:
 - [Pregnancy and Opioid Pain Medications](#)
 - [Resources for Addressing Substance Misuse During Pregnancy and Handouts for Families](#)
 - [Drugs and Pregnancy: Myth vs. Fact](#)
 - Resources for Head Start and Early Head Start Program Staff:
 - [Preventing Fetal Alcohol Spectrum Disorders \(FASDs\)](#)
 - [What to Know Before You Go: Substance Misuse Among Pregnant Women](#)
 - [Addressing Substance Misuse Among Pregnant Women](#)
 - [Substance Misuse During Pregnancy: How to Talk with Families](#)
 - [Opioids and Pregnancy: What Home Visitors Should Know](#)
 - [Screening for Substance Use Disorders: Head Start Can Help](#)
 - [Sample Screening Tools](#)
- [Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement](#)
- [Understanding Fetal Alcohol Spectrum Disorders: Child Welfare Practice Tips](#)
- [Understanding Fetal Alcohol Spectrum Disorders for Substance Use Treatment Professionals](#)

¹ Stakeholders and professionals includes, but is not limited to, the following groups: pregnant and parenting women with substance use disorder and their families; peers/peer support specialists; community-based organizations and non-profits; criminal and juvenile justice professionals; educators; early childhood professionals; first line responders; medical and behavioral health providers and support staff; social services professionals; policymakers; media outlets; and federal entities that work with families.



- [Disproportionalities and Disparities in Child Welfare: A Supplement to Understanding Substance Use Disorder, Treatment, and Family Recovery: A Guide for Child Welfare Professionals](#)
- [Key Considerations for Applying an Equity Lens to Collaborative Practice](#)
- [Learning Exchange: Lessons from Implementation of Plans of Safe Care](#)
- [Considerations for Developing a Child Welfare Drug Testing Policy and Protocol](#)
- [Disrupting Stigma: A Virtual Conversation](#)

Health Resources and Services Administration (HRSA)

- [Addressing Substance Use Disorders \(SUDs\) as a Strategy to End the HIV Epidemic | TargetHIV](#)
- [Bureau of Primary Health Care Technical Assistance Resources](#)
- [Caring for Women with Opioid Use Disorder: A Toolkit for Organization Leaders and Providers](#)
- [How HRSA is Addressing the Opioid Crisis](#)
- [National Maternal Mental Health Hotline](#)
- [Substance Use Warmline](#)

Indian Health Service (IHS)

- [ihhs.gov/opioids](#)
- [Pain and Opioid Use Disorder Webinar Series](#)
- [American Academy of Pediatrics Recommendations to the Indian Health Service on Neonatal Opioid Withdrawal Syndrome](#)
- [Recommendations to the Indian Health Service on American Indian/Alaska Native Pregnant Women and Women of Childbearing Age with Opioid Use Disorder](#)
- [Office Based Opioid Treatment Resources](#)
- [Tele-mat Toolkit](#)
- [Recovery Rack Card](#)
- [Indian Country ECHO](#)

Office of the Assistant Secretary for Planning and Evaluation (ASPE)

- Integrating SUD and OB/GYN Care: Policy Challenges and Opportunities
 - [Final Report and Issue Briefs](#)
- [Expanding Access to Family-Centered Medication-Assisted Treatment Issue Brief](#)
- [State Policy Levers for Expanding Family-Centered Medication-Assisted Treatment](#)
- [Strategies Rural Communities Use to Address Substance Misuse among Families in the Child Welfare System](#)
- [Challenges to Identifying and Supporting Human Services Participants with Substance Use Disorder](#)
- [Medication-Assisted Treatment for Opioid Use Disorder in the Child Welfare Context: Challenges and Opportunities](#)



Substance Abuse and Mental Health Services Administration (SAMHSA)

- [Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants](#)
- SAMHSA and NCSACW Youtube video, “The Management of Care for Pregnant Women with Opioid and Other Substance Use Disorders,”
<https://www.youtube.com/watch?v=pfDptcvus4E>
- [Disrupting Stigma: How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use Disorders](#)
- (Virtual Conversation, 2022) Disrupting Stigma - SAMHSA You Tube:
<https://www.youtube.com/watch?v=Mb5BUOLERFA>
- [Putting the Pieces Together: Disrupting Stigma to Support Meaningful Change for Families in Family Treatment Court- Practice Academy Course](#)
- [Online Tutorials for Substance Use Treatment, Child Welfare and Legal Professionals](#)
- [Medication-Assisted Treatment: A Primer for Judicial Professionals Serving Parents and Children Affected by Opioid Use Disorders](#)
- [Understanding Substance Use Disorders – What Child Welfare Staff Need to Know](#)
- [Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers](#)
- [Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals](#)
- Power of Language and Portrayals- Information for persons working in the entertainment, journalism and social media professions: <https://www.samhsa.gov/power-language-portrayals>
- The Power of Perceptions and Understanding-Changing how we deliver treatment and recovery services, a 4-part web series: <https://www.samhsa.gov/power-perceptions-understanding>
- “The Management of Care for Pregnant Women with Opioid and Other Substance Use Disorders,” <https://www.youtube.com/watch?v=pfDptcvus4E>
- [Treating Pregnant or Breastfeeding Women:](#)
 - [A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders - 2016](#)
 - [Are You Taking Medicine for Opioid Use Disorder and Are Pregnant or Thinking about Having a Baby? - 2019](#)
 - [Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants - 2018](#)
 - [Good Care for You and Your Baby While Receiving Opioid Use Disorder Treatment - 2018](#)
 - [Healthy Pregnancy Healthy Baby Fact Sheets - 2018](#)
 - [Opioid Use Disorder and Pregnancy - 2018](#)
 - [Treating Babies Who Were Exposed to Opioids Before Birth - 2018](#)
 - [Treating Opioid Use Disorder During Pregnancy - 2018](#)



Department of Justice

National Institute of Corrections (NIC)

- The National Resource Center on Justice-Involved Women – Contains specific information regarding health-care, child care and other related issues, <https://cjinvolvedwomen.org/>
- [National Directory of Programs for Women with Criminal Justice Involvement](#)
- [Justice-Involved Women](#)
 - [Health, Justice, Women: Behavioral Health and OB/GYN](#) [internet broadcast]
 - [Health, Justice, Women: Transforming Systems – Changing Lives](#) [internet broadcast]
 - [Pregnancy- and Child- Related Legal and Policy Issues Concerning Justice-involved Women](#)
 - [Treatment for Pregnant People with Opioid Use Disorder in Jail](#) (2022)

Department of Agriculture

- [WIC Substance Use Prevention Guide | WIC Works Resource System \(usda.gov\)](#)
- [WIC Website](#)